

Institutional Edit Requirements

Chapter 5

Element Name: Patient Copayment (1-145) (Continued)

	D	TRICARE BASIC STANDARD CHAMPUS
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT (A)
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE;

SPONSOR STATUS

F	FORMER MEMBER
I	PERMANENTLY DISABLED
O	TEMPORARILY DISABLED
R	RETIRED
K	DECEASED
D	100% DISABLED
W	TITLE III RETIREE
T	FORMER SPOUSE

OR

PATIENT RELATIONSHIP TO SPONSOR

H
R
Y

1-140-16R COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) OR b.) ABOVE. IN WHICH CASE COPAYMENT MUST BE ZERO.

1-145-16R COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE. IN WHICH CASE COINSURANCE MUST BE ZERO

1-145-15R IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN). USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE. CALCULATE USING 0 DAYS

- EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS. AND FAMILY MEMBERS OF DECEASED SPONSORS. (**OR** FORMER SPOUSE). REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.

1-145-18R PATIENT COPAYMENT MUST EQUAL ZERO⁵ **UNLESS**

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X)

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

1-145-17R GOVERNMENT AUTHORIZED BED DAYS TIME THE PSYCH PER DIEM COST-SHARE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE;

SPECIAL RATE CODE	L	REGION-SPECIFIC PSYCH PER DIEM
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT - INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES. NO COST-SHARE APPLIED
	U	BENEFICIARY INDEMNIFICATION PAYMENT

IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE.

1-140-18R WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES. PATIENT COPAYMENT MUST EQUAL ZERO IF PATIENT COINSURANCE IS NOT ZERO.

NOTE:

IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, OR THE PSYCH PER DIEM COST-SHARE DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

- EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS.

1-145-23R PATIENT COPAYMENT MUST EQUAL ZERO⁶ UNLESS

1-145-24R GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE OR OTHER APPLICABLE DAILY RATE IS LESS THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements**Element Name: Patient Copayment (1-145) (Continued)****OR**

TYPE OF SUBMISSION

A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);

SPECIAL RATE CODE

G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

J DRG NO OUTLIER

M DISCOUNTED DRG LONG STAY

N DISCOUNTED DRG SHORT STAY

O DISCOUNTED DRG COST OUTLIER

Q DISCOUNTED NO OUTLIER

ANY OCCURRENCE OF
SPECIAL PROCESSING CODE

F ARMY CAM DEMONSTRATIONS

G

SPONSOR STATUS

F FORMER MEMBER

I PERMANENTLY DISABLED

O TEMPORARILY DISABLED

R RETIRED

K DECEASED

D 100% DISABLED

W TITLE III RETIREE

PATIENT RELATIONSHIP TO
SPONSOR

T FORMER SPOUSE

H

R

Y

NO OCCURRENCE OF SPECIAL
PROCESSING CODE

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

NO OCCURRENCE OF
OVERRIDE CODE

K CATASTROPHIC LOSS

L NON-DRG REIMBURSEMENT USING DRG-
RELATED COST-SHARE CALCULATION

U BENEFICIARY INDEMNIFICATION PAYMENT

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.

1-145-25R PATIENT COPAYMENT MUST EQUAL ZERO⁷**UNLESS 1-145-26R APPLIES**

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

1-145-26R	GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE IS LESS THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:	
PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:		
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 91X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

ANY OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
NO OCCURRENCE OF SPECIAL PROCESSING CODE	G	
NO OCCURRENCE OF OVERRIDE CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0, PATIENT COPAYMENT = \$0.00.		
1-140-25R	WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.	
1-145-27R	PATIENT COPAYMENT MUST EQUAL ZERO WHEN :	
	ANY OCCURRENCE OF OVERRIDE CODE	U BENEFICIARY INDEMNIFICATION PAYMENT
	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), CHAMPUS SELECT.	
1-145-28R	PATIENT COPAYMENT MUST EQUAL ZERO ⁸	
	UNLESS GOVERNMENT AUTHORIZED BED DAYS TIMES THE DAILY RATE IS LESS THAN 15% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ , DUPLICATE BILLING (1) DRG NON-REIMBURSABLE (F) DENIAL REASON CODE)) WHEN :	
	SPONSOR STATUS	F FORMER MEMBER
		I PERMANENTLY DISABLED
		O TEMPORARILY DISABLED
		R RETIRED
		K DECEASED
		D 100% DISABLED
		W TITLE III RETIREE
	PROGRAM INDICATOR	I INSTITUTIONAL
	ENROLLMENT STATUS	F TRICARE STANDARD PROGRAM
		Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE	N CHAMPUS SELECT
	TYPE OF SUBMISSION	I INITIAL SUBMISSION
		R RESUBMISSION OF ERROR REJECT

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155)

Validity Edits

1-155-01 MUST BE NUMERIC.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, ENROLLMENT STATUS, PROGRAM INDICATOR, FILING DATE, AMOUNT PAID BY OHI, AMOUNT OF TPL
DRG NUMBER	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
ENROLLMENT STATUS	SEE BELOW	AMOUNT PAID BY OHI, AMOUNT OF TPL, PROGRAM INDICATOR, TYPE OF SUBMISSION
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

Edited Element Relationship

NO ERROR IF SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE SENIOR PRIME (NETWORK)
 MN MEDICARE SUBVENTION/TRICARE SENIOR PRIME (NON-NETWORK)

BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

1-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO WHEN:
 TYPE OF SUBMISSION D COMPLETE CONTRACTOR DENIAL
 O ZERO PAYMENT
OR C COMPLETE CANCELLATION WITH FILING DATE
 TYPE OF SUBMISSION

WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE.

1-155-03R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq AMOUNT ALLOWED WHEN:
 TYPE OF SUBMISSION I INITIAL SUBMISSION
 R RESUBMISSION OF ERROR REJECT
 O ZERO PAYMENT
 F ADJUSTMENT NEW SUFFIX
 G ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION A ADJUSTMENT
 WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE.

NOTE:

THE FOLLOWING EDIT (1-155-04R) APPLIES TO THE INPUT HCSR PRIOR TO
NETTING WITH PREVIOUS A's OR B's (IF ANY) ON THE DATABASE.

1-155-04R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE $<$ ZERO WHEN:
 TYPE OF SUBMISSION E CANCELLATION OF NON-HCSR DATA
 B ADJUSTMENT TO NON-HCSR DATA
OR
 TYPE OF SUBMISSION A ADJUSTMENT
 C COMPLETE CANCELLATION
 WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE]

AND

REASON FOR ADJUSTMENT = D, E, OR F (NEGATIVE ADJUSTMENTS)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ZERO \geq WHEN

TYPE OF SUBMISSION B ADJUSTMENT TO NON-HCSR DATA

OR

TYPE OF SUBMISSION A ADJUSTMENT
 WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE]

AND

REASON FOR ADJUSTMENT A POSITIVE/STATISTICAL ADJUSTMENTS
 B
 C

THE FOLLOWING EDITS (1-155-05R, 1-155-06R, 1-155-07R, 1-155-08R OR 1-155-09R) APPLY
WHEN:

TYPE OF SUBMISSION I INITIAL SUBMISSION
 R RESUBMISSION OF ERROR REJECT
 O ZERO PAYMENT
 F ADJUSTMENT NEW SUFFIX
 G ADDITIONAL DRG INTERIM BILLING

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

OR

TYPE OF SUBMISSION A ADJUSTMENT
 C CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

NOTE:

TYPE OF SUBMISSION 'G' DOES NOT APPLY IN 1-155-06, 1-155-08, AND 1-155-09.

EDIT FOR [CHAMPUS-DRG, OR NO SPECIAL RATE, OR STATE-DRG NO DISCOUNT, OR PSYCHIATRIC PER DIEM], NO OHI/TPL.

1-155-05R

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN:**

PROGRAM INDICATOR I INSTITUTIONAL
 AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;
 AMOUNT OF THIRD PARTY LIABILITY = ZERO;
 NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

SPECIAL RATE CODE Ø NO SPECIAL RATE
 F DRG NO DISCOUNT
 G DRG LONG STAY
 H DRG SHORT STAY
 I DRG COST OUTLIER
 J DRG NO OUTLIER
 K HOSPITAL-SPECIFIC PSYCH PER DIEM
 L REGION-SPECIFIC PSYCH PER DIEM
 M DISCOUNTED DRG LONG STAY
 N DISCOUNTED DRG SHORT STAY
 O DISCOUNTED DRG COST OUTLIER
 Q DISCOUNTED DRG NO OUTLIER

OR

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN:**

PROGRAM INDICATOR I INSTITUTIONAL
 AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;
 AMOUNT OF THIRD PARTY LIABILITY = ZERO;
 SPECIAL PROCESSING CODE 1 MEDICAID
 SPECIAL RATE CODE Ø NO SPECIAL RATE
 G DRG LONG STAY
 H DRG SHORT STAY
 I DRG COST OUTLIER
 J DRG NO OUTLIER
 F DRG NO DISCOUNT
 K HOSPITAL-SPECIFIC PSYCH PER DIEM
 L REGION-SPECIFIC PSYCH PER DIEM

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

- M DISCOUNTED DRG LONG STAY
- N DISCOUNTED DRG SHORT STAY
- O DISCOUNTED DRG COST OUTLIER
- Q DISCOUNTED DRG NO OUTLIER

1-155-06R

EDIT FOR NO SPECIAL RATE, WITH OHI/TPL.

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER¹ OF AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE < 93001

AMOUNT BILLED MINUS (ALL DUPLICATE BILLING AMOUNTS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE ≥ 93001

AMOUNT BILLED MINUS (ALL DENIED REVENUE CODES WITH A VALID DENIAL REASON CODE PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE < 93001 AND AMOUNT ALLOWED OHI = 0

AMOUNT BILLED MINUS (ALL DUPLICATE BILLING AMOUNTS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE ≥ 93001 AND AMOUNT ALLOWED OHI ≠ 0

AMOUNT OHI ALLOWED MINUS (ALL DENIED REVENUE CODES WITH A VALID DENIAL REASON CODE PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

WHEN:

- | | | |
|---------------------------------------|---|--------------------------------------|
| PROGRAM INDICATOR | I | INSTITUTIONAL |
| SPECIAL RATE CODE | N | NO SPECIAL RATE |
| AMOUNT PAID BY OHI ≠ ZERO | | |
| OR AMOUNT OF TPL ≠ ZERO | | |
| NO OCCURRENCE OF SUB CODE | D | COMPLETE CONTRACTOR DENIAL |
| | O | ZERO PAYMENT |
| NO OCCURRENCE SPECIAL PROCESSING CODE | R | MEDICARE/CHAMPUS DUAL ENTITLEMENT |
| NO OCCURRENCE OF OVERRIDE CODE | O | GOVERNMENT PAYMENT PENALTIES APPLIED |

UNLESS:

PROVIDER PARTICIPATION INDICATOR EQUALS 'N'

AND

AMOUNT PAID BY OHI ≠ ZERO

OR

AMOUNT OF TPL ≠ ZERO

1-155-07R

EDIT FOR [CHAMPUS-DRG, OR STATE-DRG NO DISCOUNT, OR PSYCHIATRIC PER DIEM], WITH OHI/TPL.

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER¹ OF

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION)

OR

AMOUNT ALLOWED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF

DRG NUMBER \neq 0 AND DATE OF ADMISSION \geq JULY 1, 1990

AMOUNT BILLED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

OR IF

DRG NUMBER \neq 0 AND DATE OF ADMISSION JULY 1, 1990 AND AMOUNT ALLOWED OHI \neq 0

AMOUNT ALLOWED OHI MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF AMOUNT ALLOWED OHI = 0

AMOUNT BILLED - (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

PROGRAM INDICATOR

I INSTITUTIONAL

SPECIAL RATE CODE

G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

J DRG NO OUTLIER

F DRG NO DISCOUNT

K HOSPITAL-SPECIFIC PSYCH PER DIEM

L REGION-SPECIFIC PSYCH PER DIEM

M DISCOUNTED DRG LONG STAY

N DISCOUNTED DRG SHORT STAY

O DISCOUNTED DRG COST OUTLIER

Q DISCOUNTED DRG NO OUTLIER

ENROLLMENT STATUS

A FOUNDATION HEALTH PLAN

B PARTNERS HEALTH PLAN

C QUEEN'S HEALTH CARE PLAN

N NOT ENROLLED, NOT STANDARD CHAMPUS

S CRI STANDARD CHAMPUS PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

F TRICARE STANDARD PROGRAM

Q NEW ORLEANS COORDINATED CARE STANDARD CHAMPUS PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Chapter 5

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM

AMOUNT PAID BY OHI ≠ ZERO

OR AMOUNT OF TPL ≠ ZERO

NO OCCURRENCE OF SPECIAL PROCESSING CODE = 'R' (MEDICARE/CHAMPUS DUAL ENTITLEMENT)

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

1-155-08R

EDIT FOR STATE-DRG WITH DISCOUNTS. NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL:

NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY REVENUE CODE FOR REVENUE CODES SPECIFIED AS ANESTHESIA (370), BLOOD (380-389), PSYCHIATRIC/PSYCHOLOGICAL TREATMENT (900-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (916, 918-919), PROFESSIONAL FEES (960-969, 971-979, 981-988)), PLUS

THE AFTER DISCOUNT RATE

96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT (A)

97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT (B).

98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT (C).

99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT (E)

TIMES (AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE NON-DISCOUNTABLE HOSPITAL SERVICES)) WHEN:

PROGRAM INDICATOR

I INSTITUTIONAL

ENROLLMENT STATUS

F TRICARE STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM

Q NEW ORLEANS STANDARD CHAMPUS

S CRI STANDARD CHAMPUS

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;

AMOUNT OF THIRD PARTY LIABILITY = ZERO;

SPECIAL RATE CODE

A DRG 4% DISCOUNT

B DRG 3% DISCOUNT

C DRG 2% DISCOUNT

E DRG 1% DISCOUNT

1-155-09R

EDIT FOR STATE-DRG WITH DISCOUNTS. WITH OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER¹ OF NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY REVENUE CODE FOR REVENUE CODES SPECIFIED AS ANESTHESIA (370), BLOOD (380-389), PSYCHIATRIC/PSYCHOLOGICAL TREATMENT (900-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (916, 918-919), PROFESSIONAL FEES (960-969, 971-979, 981-988))

PLUS THE AFTER DISCOUNT RATE:

96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT (A).

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT (B).

98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT (C).

99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT (E)

TIMES [AMOUNT ALLOWED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE HOSPITAL SERVICES)]

NO OCCURRENCE OF SPECIAL PROCESSING CODE = 'R' (MEDICARE/CHAMPUS DUAL ENTITLEMENT)

OR

NON-DISCOUNTABLE HOSPITAL SERVICES PLUS

THE AFTER DISCOUNT RATE TIMES (AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION PLUS NON-DISCOUNTABLE HOSPITAL SERVICES)) **WHEN**:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT

AMOUNT PAID BY OHI ≠ ZERO OR AMOUNT OF TPL ≠ ZERO.

NOTE:

SPECIAL RATE CODES 'P' AND 'D' WILL NOT BE EDITED.

1-155-10R

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN** DRG NUMBER IS 469 OR 470 AND:

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Institutional Edit Requirements

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq ZERO WHEN DRG NUMBER IS 469 OR 470 AND:

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

1-155-11R

IF ALL DETAIL OCCURRENCES ARE DENIED

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = ZERO WHEN:

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq ZERO.

UNLESS DENIAL REASON CODE = 'N' (MULTIPLE DENIAL REASONS)

• EDITS FOR SPECIAL PROCESSING CODE **.

1-155-13R

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS AMOUNT OF COPAYMENT WHEN:

ANY OCCURRENCE OF SPECIAL PROCESSING CODE	*	VA MEDICAL CENTER CLAIM
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
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¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

Institutional Edit Requirements

Chapter

5

Element Name: Amount Paid by Government Contractor (1-155) (Continued)

C CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE
DATABASE

1-155-18R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS
(PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT PAID BY OTHER
HEALTH INSURANCE PLUS THIRD PARTY LIABILITY WHEN:)

ENROLLMENT STATUS U MANAGED CARE SUPPORT - PRIME

SPECIAL PROCESSING CODE PO TRICARE PRIME - POINT OF SERVICE

¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

